



# STATE OF TENNESSEE CONTRACTOR'S LICENSE – NOTICE OF RENEWAL

State of Tennessee  
Board for Licensing Contractors  
500 James Robertson Parkway  
Nashville, TN 37243-1150  
Telephone: 800-544-7693

**VERIFY STATUS at [verify.tn.gov/](http://verify.tn.gov/)**  
Website: <http://regboards.tn.gov/contractors/>  
Email: [contractor.renewal@tn.gov](mailto:contractor.renewal@tn.gov)

**Fees Payable to Contractors Board**  
\$200.00 Renewal Fee  
\$ 20.00 \* Penalty Per Month

(Penalty not to exceed 12 months from expiration date)

LICENSE NAME: \_\_\_\_\_ LICENSE ID# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSE EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MONETARY LIMIT: \_\_\_\_\_

**CHECKLIST:** (More Information and forms are available on our website at <http://www.tn.gov/commerce/boards/contractors/forms.shtml> )

- ☐ Complete Questions 1-10; Note - Question 10 requires a notarized signature.
- ☐ Attach Current Workers Compensation Insurance Certificate, or provide Construction Services Provider Exemption Control #. (Question 6)
- ☐ Attach Current General Liability Insurance Certificate (Question 7)
- ☐ Attach Documentation Required for Disclosures (Questions 8 & 9) ☐ Not applicable
- ☐ Attach Current Financial Statement in Licensed Name (Monetary Limits above \$1,500,000 require CPA Reviewed or Audited statement)
- ☐ Attach \$200.00 Renewal Fee + \$20.00 Per Month or Partial Month Late Penalty Fee
- ☐ Do not renew; place license in an inactive "Retirement" status to retain renewal rights – Attach \$25.00 fee for each year  
(Renewal fees are not required to retire unless the license is expired; will not be required to attach proof of insurance or financial statement to retire)

## CONTRACTOR'S AFFIDAVIT FOR RENEWAL

**1. ADDRESS CHANGE:** ☐ No ☐ Yes – List New Information: \_\_\_\_\_  
Address (If listing a P.O. Box, also include the physical address) \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email: \_\_\_\_\_

**2. MODE OF OPERATION (as licensed):** ☐ Sole Proprietor ☐ Partnership  
☐ \*Corporation - \*TN SOS Control #: \_\_\_\_\_  
☐ \*LLC - \*TN SOS Control #: \_\_\_\_\_  
\*Active status with the Tennessee Secretary of State required – <http://www.tn.gov/sos/>

**3. QUALIFYING AGENT (QA):** List individual(s) who tested (or designated if prior to exams). Ownership  
Qualifying Agent's Name \_\_\_\_\_ Title \_\_\_\_\_ XXX-XX-\_\_\_\_\_%  
SSN (List last 4 digits of SS# for identification purposes)  
Qualifying Agent's Name \_\_\_\_\_ Title \_\_\_\_\_ XXX-XX-\_\_\_\_\_%  
SSN (List last 4 digits of SS# for identification purposes)

**4. LIST OWNERS/ OFFICERS/ PARTNERS/ MEMBERS:**  
Name of Owner/Officer/Member/Partner \_\_\_\_\_ Title \_\_\_\_\_ XXX-XX-\_\_\_\_\_%  
SSN (List last 4 digits of SS# for identification purposes)  
Name of Owner/Officer/Member/Partner \_\_\_\_\_ Title \_\_\_\_\_ XXX-XX-\_\_\_\_\_%  
SSN (List last 4 digits of SS# for identification purposes)  
Name of Owner/Officer/Member/Partner \_\_\_\_\_ Title \_\_\_\_\_ XXX-XX-\_\_\_\_\_%  
SSN (List last 4 digits of SS# for identification purposes)  
Name of Owner/Officer/Member/Partner \_\_\_\_\_ Title \_\_\_\_\_ XXX-XX-\_\_\_\_\_%  
SSN (List last 4 digits of SS# for identification purposes)

- 5. ENVIRONMENTAL CONTRACTORS:** Compliance with Rule 0680-.16; up to date with training as required and aware must notify Board of any citations. (Applies to Environmental Specialty classifications: S-A,B,C,D,E; and Medical Gas)
- ☐ Not Applicable      ☐ Yes – In Compliance      ☐ No – Not in compliance; must attach explanation.


- 6. INSURANCE REQUIREMENTS:** (Check with your insurance carrier to ensure you are properly covered).
- Workers' Compensation – Must provide Proof of Coverage or Exemption (for each owner/officer)**
- An employer and their employees must be covered in accordance with TN State Law, effective October 1, 2012.  
Refer to: TN Department of Labor & Workforce Development <http://www.tn.gov/labor-wfd/wcomp.html>
  - An employer (owners/officers) may have the option to register for an exemption as a "Construction Services Provider".  
Refer to: TN Secretary of State Exemption Registry <http://tnbear.tn.gov/wc/>
- ☐ Workers Compensation Insurance Certificate Attached with Certificate Holder as TN Board for Licensing Contractors
- ☐ Construction Services Provider - Exemption Registry - TN SOS Control #(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_
- ☐ Not Applicable - **ALL** must apply: •No Employees• Not a Corporation •Do Not Hire Subcontractors •Work Directly for the Owner

- 7. General Liability Certificate of Insurance** ☐ \* Attached      \*Certificate Holder listed as "TN Board for Licensing Contractors" and must be in the minimum coverage amount according to license monetary limit (100,000 for up to \$500,000 license limit; 500,000 for up to \$1,500,000 license limit; and 1,000,000 for up to UNL license limit)
- ☐ Not attached; cannot renew
- See Board's website for more insurance information at:  
[http://www.tn.gov/commerce/boards/contractors/documents/InsuranceInfo\\_001.pdf](http://www.tn.gov/commerce/boards/contractors/documents/InsuranceInfo_001.pdf)

- CONVICTIONS/DISCIPLINE/LITIGATION/JUDGMENTS/LIENS/COMPLAINTS:** Must disclose for contractor's owners, qualifying agents or officers, of any felony conviction; court judgment from contracting complaints; discipline or receipt of a citation from any governmental agency in any state; or has a recent complaint matter with the Board. If you have disclosed previously, you will not be required to resubmit an explanation or court documents. Disclosure does not prevent a license from being renewed. However, failure to disclose is grounds for revocation.

- 8. Convicted of a Felony:** ☐ No    ☐ Yes – Date \_\_\_\_\_ ☐ Attachment Included    ☐ Disclosed Previously
- 9. Judgment/Discipline/Complaints:** ☐ No    ☐ Yes – Date \_\_\_\_\_ ☐ Attachment Included    ☐ Disclosed Previously

- 10. PLEASE COMPLETE, SIGN AND NOTARIZE**
- This is to certify, I am authorized to renew this license on behalf of any other owner(s) of the licensed entity and that all owners/officers/partners/members/qualifying agents are aware of the following: •All information and attachments, including financial statement(s) for the licensed entity is true and correct to the best of my knowledge •The required workers' compensation and general liability insurance is maintained as required by law •The board may refuse to renew a license for lack of financial stability or insurance •Pursuant to TCA §62-6-118 grounds for formal action by the Board after a notice of hearing and charges include, but are not limited to, any untrue statements, disclosure, submission of false evidence, improper, fraudulent or dishonest dealing, felony conviction in any state; operating on an expired license, operating in a name other than licensed, or pursuant to TCA §56-1-313 discipline from another state agency •Check the Board's website for changes in the statute, rules and regulations •Register to receive updates by email at: <http://regbdlist.tennessee.gov/>

X  \_\_\_\_\_

(OWNER/OFFICER/PARTNER/MEMBER SIGNATURE)      (TITLE)      ☐ FEIN# or ☐ SS# (last 4 digits)

Affirmed, subscribed and witnessed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Day)      (Month)      (Year)

X  \_\_\_\_\_

(NOTARY PUBLIC SIGNATURE)      (COMMISSION EXPIRATION DATE)      -Notary Seal-